

7-14-00

A

box Seq

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ Duplicate
(check, if applicable)

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, DC 20231

Attorney Docket No. 10312-2U1 (210312.0003)
First Named Inventor: Gowthami M. Arepally
Express Mail Label No. EL471633789US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

**COMPOSITIONS AND METHODS USEFUL FOR THE DIAGNOSIS
AND TREATMENT OF HEPARIN INDUCED THROMBOCYTOPENIA/THROMBOSIS**
which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. _____/_____, filed _____.

☒ This non-provisional patent application is based on Provisional Patent Application
No. 60/143,536, filed July 13, 1999.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 64 pages.
- ☒ Newly unexecuted Declaration.
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ 10 sheets of drawings (formal) plus one copy.
- ☐ Microfiche computer program (Appendix).
- ☒ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☒ Computer readable copy ☒ Paper Copy (4 pages) ☒ Verified Statement.
- ☐ Under PTO-1595 cover sheet, an assignment of the invention.
- ☐ Certified copy(ies) of _____ Application No(s). _____, filed _____,
is/are filed:
 - ☐ herewith or ☐ in prior application _____.
- ☒ Verified Statement Claiming Small Entity Status under 37 CFR 1.9 and 1.27.
 - ☐ was filed in the prior non-provisional application, and such
status is still proper and desired (37 CFR 1.28(a));
 - ☒ is enclosed herewith; ☐ is no longer desired.
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO-1449, and cited references.

07/13/00
jc913 U.S. PTO

jc784 U.S. PTO
09/615872
07/13/00

09615872-071300

The following fees are being paid by:

☒ Our firm's check enclosed herewith; or

☐ This authorization to charge our firm's Deposit Account No. 50-1017 (Billing No. 210312.0003).

☒ Filing fee in the amount of **\$789.00** as calculated below.

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$345			BASIC FEE: \$690	
Total	39-20 =	19	X9	\$ 171.00	OR	X18	\$
Independent	10-3 =	7	X39	\$ 273.00	OR	X78	\$
Multiple Dependent Claims Present: &@			\$130	\$	OR	\$260	\$
			TOTAL	\$ 789.00	OR	TOTAL	\$

☒ Any additional fees required under 37 C.F.R. § 1.16.

☒ Any additional fees required under 37 C.F.R. §1.17.

☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. §1.136(a) to our Deposit Account noted above.

☒ Any additional fees/overpayments are authorized to be charged/credited to the above Deposit Account.

☒ One additional copy of this paper is enclosed for accounting purposes.

CORRESPONDENCE ADDRESS:

July 13, 2000

(Date)

By:

Kathryn Doyle

KATHRYN DOYLE, Ph.D., J.D.

Registration No. 36,317

AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.

One Commerce Square

2005 Market Street - Suite 2200

Philadelphia, PA 19103

Telephone: 215-965-1200

Direct Dial: 215-965-1284

Facsimile: 215-965-1210

E-Mail: kdoyle@akingump.com

☒ Customer Number or Bar Code Label: **000570**

KD/moh

Enclosures